



APPLICATION

WATERVILLE POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY



Wednesdays September 9 through November 18, 2015
6:00 p.m. to 9:00 p.m.
Waterville Police Department 10 Colby St. Waterville ME 04901

Name: _____
Last First Middle

Address: _____
Yrs. at Residence

Contact Phone #: _____
1st 2nd

Sex: Male ____ Female ____ Date of Birth: ____/____/____

Employer: _____
Occupation

Emergency Contact Person: _____
Name Contact Ph. #

Formal Education: Highest Grade Level: (Circle year completed)
8 9 10 11 12 13 14 15 16 16+

How did you hear about the Citizen's Academy? _____

What do you expect to gain from attending this Academy? _____

What experience have you had with law enforcement? (Circle all that apply)
(Positive) (Negative) (None)

Please explain: _____

The Academy requires 33 hours of attendance taking place over a period of 11 weeks.
Are you able to commit to this schedule? Yes ____ No ____

I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission for the Waterville Police Department to verify the above information contained on this application.

Applicant Signature _____ Date _____

Return to Waterville Police Dept. 10 Colby St., Waterville ME 04901 or send via email to
kkenney@waterville-me.gov

Application Deadline Friday August 21 4:30 p.m.